



THE
EDUCATION FOUNDATION
OF THE WEST ADA SCHOOL DISTRICT

West Ada Education Foundation
Joint School District No. 2
1303 E Central Drive
Meridian ID 83642
Telephone: 208-350-5039

Reimbursement Request

Please keep a copy of the entire request for your records

A reimbursement request is used by a West Ada School District educator who has been awarded a Teacher Grant Award or been notified by the Foundation they have received a donation and have money in an account with the Foundation. The Fundraiser/Program Director must sign all receipts, vendor invoices or written requests for payment and **attach to the Reimbursement Request**. Reimbursements will be paid until **April 15th of the current school year**. After this date, the remaining funds will be absorbed back into the Foundation.

SCHOOL NAME:

Reimbursement is for: (Check one)

- Thank A Teacher Teacher Name: _____
- Teacher Grant
- Fundraiser/Program/Other * * Fundraiser/Program Name: _____
- Parent Organization (PTO/PTA)

Payment Method: (Choose one)

<input type="checkbox"/> Purchase Card Used (Pcard) ** Wells Fargo Recon Code: 42-621-00-310 000410 ** **If this form is not returned completed with receipts by email to westadafoundation@westada.org OR intercompany mail within 30 days of purchase date, <u>All</u> charges listed will be reclassified to your ASB funds and your school will need to reimburse the District Office for these charges.	<input type="checkbox"/> Make Reimbursement Check Payable to: NAME: _____ ADDRESS - CITY, STATE ZIP _____
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Purchase Description:

Vendor Name:	Brief Description of Items Purchased:	\$ Amount

TOTAL REIMBURSEMENT _____

Signatures:

***** Reimbursement request will not be processed without site administrator's signature signifying approval of expenditure. *****
A copy of this form along with receipts must be sent by email to westadafoundation@westada.org OR sent intercompany mail to the DSC Attn: Education Foundation of West Ada.

Print Name of Teacher/Fundraiser/Program Director _____ Signature of Teacher/Fundraiser/Program Director _____ Date _____

*******Print Name of Site Administrator******* _____ *******Signature of Site Administrator******* _____ Date _____

Office Use Only:

Record Updated by:	<input type="text"/>	Foundation Executive Director's initials:	<input type="text"/>
Date Processed:	<input type="text"/>		